

## AGREEMENT FOR VIDEO OR PHONE THERAPY SESSIONS

I/We, \_\_\_\_\_,  
confirm that my psychotherapist ANGELA COLANGELO has offered me psychotherapy sessions via secure video and/or telephone and I have agreed to this.

### Risks and Benefits:

I understand that in addition to the risks and benefits of psychotherapy in general, the potential risks for using video sessions include interruptions and technical problems. The benefit of the Zoom for Healthcare\* platform that Angela is currently using is that it is secure and PHIPA\*\* compliant. I understand that landlines are thought to be the most secure telephone option with cordless and mobile phones offering less security. To join sessions by video, simply click on the link provided in the appt confirmation/reminder.

I understand that if the video conferencing technology is not working properly, my psychotherapist or I can suggest completing the session over the phone or ending the session earlier with fee adjustments.

I agree that I will ensure that I am in a location that is confidential, preventing being overheard. To minimize disruption, I will turn off all notifications while the meeting is occurring.

If, during the course of the session, it becomes clear that I am experiencing a mental health crisis, my psychotherapist or I may use the session to establish a safety protocol or reach out to my emergency contact or other emergency services if this seems necessary.

*\* Zoom for Healthcare: A reliable telehealth platform that uses encryption protocols to assure data integrity and privacy.*

*\*\* PHIPA: Enacted in November 2004, PHIPA is a **local, provincial (Ontario) legislation** that protects the confidentiality and privacy of personal health information (PHI) by establishing rules for the collection, use, and disclosure of PHI during the provision of healthcare.*

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Client signature

\_\_\_\_\_  
Date

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Client signature

\_\_\_\_\_  
Date



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Angela Colangelo M.A., RP, RMFT

\_\_\_\_\_  
Date